



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov

B6 Data Sheet

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 09/634,054 | FILING DATE 08/08/2000 RULE | CLASS 604 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. P00005US (53783.1P) |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

APPLICANTS

David A. Newsome, M.D., New Orleans, LA

1/CS KCS for MJH

** CONTINUING DATA

THIS APPLICATION IS A CIP OF 09/160,106 09/24/1998 PAT 6,101,411

** FOREIGN APPLICATIONS

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 09/28/2000

** SMALL ENTITY **

| | | | | | |
|---------------------------------|--|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | LA | 4 | 33 | 11 |
| Verified and Acknowledged | Allowance KCS for MJH Examiner's Signature | Initials | | | |

ADDRESS

22920

TITLE

Dilation enhancer with pre-medicated contact lenses

| | | |
|-------------------------------|---|--|
| FILING FEE RECEIVED 529 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------|---|--|